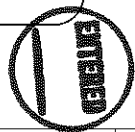


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are made payable to: Bayfield County Zoning Department.  
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 Date Stamp (Received)  
 SEP 23 2015  
 Bayfield Co. Zoning Dept.



Permit #:	15-0389
Date:	10-5-15
Amount Paid:	\$185
Refund:	10-5-15

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Property: 10279 Bond Lake Rd Minong, WI 54859 City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contractor: 30580 Ws Hwy 2 Perkadee, WI 54806 Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Jane Nieff-Hias Agent Phone: 482-5235 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 3 Lot(s) 3 CSM 02024705010500230000 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume 1042 Page(s) 575

Section 1, Township 47 N, Range 5 W Town of: Siren Lot Size \_\_\_\_\_ Acreage \_\_\_\_\_

1 Acre Parcel in

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue  If yes---continue

Distance Structure Is from Shoreline: \_\_\_\_\_ feet

Distance Structure Is from Shoreline: 5125 feet

Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

Value at Time of Completion \*include donated time & material: \$ 5,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 10 Width: 12 Height: 13

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/>	with Loft	( ) X ( )	
<input type="checkbox"/>	with a Porch	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/>	with a Deck	( ) X ( )	
<input checked="" type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) X ( )	
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/>	Addition/Alteration (specify)	( ) X ( )	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Shower</u>	( <u>10</u> X <u>12</u> )	<u>120</u>
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/>	Special Use: (explain)	( ) X ( )	
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	
<input type="checkbox"/>	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) own the property including any accompanying information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

(If there are Multiple Owners listed on the Deed ALL OWNERS must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Jane Nieff-Hias Date: 9-23-15

If you are signing on behalf of the owner(s) a letter of authorization must accompany this application

Address to send permit: \_\_\_\_\_

Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below, Draw or Sketch your Property (regardless of what you are applying for.)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):

See Attached Map

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	145 Feet	Setback from the Lake (Ordinary high-water mark)	7125 Feet
Setback from the Established Right-of-Way	70 Feet	Setback from the River Stream Creek	NA Feet
Setback from the North Lot Line	Lake Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	70 Feet	Setback from Wetland	25 Feet
Setback from the West Lot Line	20 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	7500 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.


Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

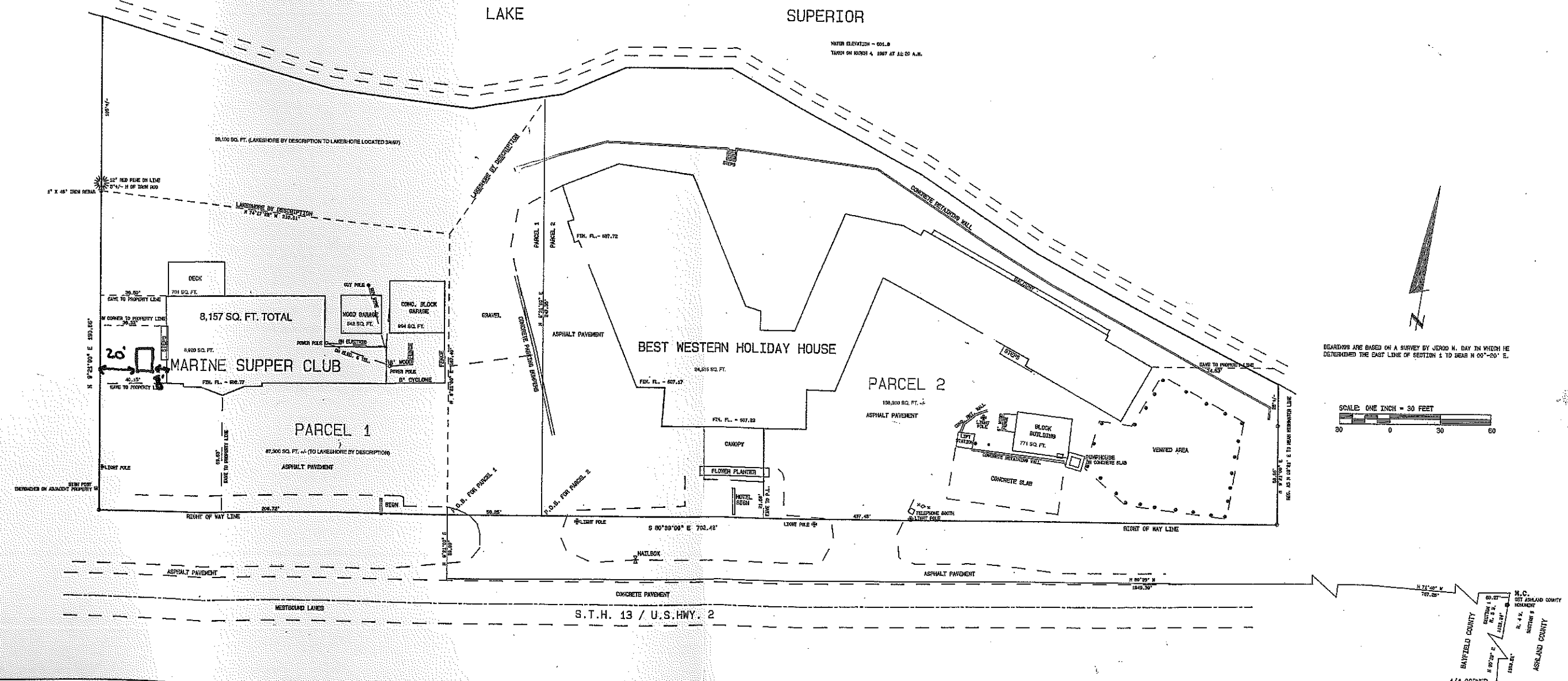
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>15-0389</b>	Permit Date: <b>10-5-15</b>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
Inspection Record: <b>Location of Smoker Works Setback for Commercial Zoning. OK to issue LV Permit</b>		Zoning District: <b>(C)</b> Lakes Classification: <b>(1)</b>		
Date of Inspection: <b>10/11/2015</b>		Inspected by: <b>Robert Schuman</b>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: 		Date of Approval: <b>10-5-2015</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

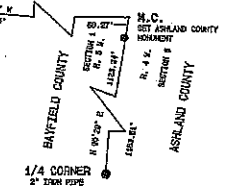
# PROPOSED ADDITIONS TO BEST WESTERN HOLIDAY HOUSE/MARINE SUPPER CLUB

LOCATED IN GOVERNMENT LOT 3, SECTION 1, T. 47 N., R. 5 W.,  
FOURTH PRINCIPAL MERIDIAN, IN THE TOWN OF EILEEN, BAYFIELD COUNTY,  
WISCONSIN

**GENERAL NOTES**  
 THE SURVEYED PARCELS ARE LOCATED IN FLOOD ZONE "A", BASED ON INFORMATION RECEIVED FROM THE BAYFIELD COUNTY ZONING OFFICE.  
 ELEVATIONS SHOWN ON THIS MAP ARE CONTINUED FROM THE WISCONSIN DEPARTMENT OF TRANSPORTATION SURVEY OF U.S.H. 2 AND S.T.H. 13, STATE PROJECT NO. 5181-04-71, 72.  
 ALL EXISTING BUILDING LINES SHOWN ON THIS MAP INDICATE THE EAVE LINES.  
 THERE ARE NO OVERHEAD UTILITIES ON THE PROPERTY EXCEPT NEAR THE EASTERLY END OF THE MARINE SUPPER CLUB, AS SHOWN ON THIS MAP.  
 THE ELEVATION OF THE BASEMENT FLOOR IN THE MARINE SUPPER CLUB AND THE BOTTOM OF THE POOL IN THE BEST WESTERN HOLIDAY HOUSE WERE NOT DETERMINED DURING THIS SURVEY.



BEARINGS ARE BASED ON A SURVEY BY JEROME W. DAY IN WHICH HE DETERMINED THE EAST LINE OF SECTION 1 TO BEAR N 00°-20' E.  
 SCALE: ONE INCH = 30 FEET



- LEGEND**
- MONUMENT, AS NOTED, FOUND IN PLACE
  - 1" X 24" IRON PIPE SET THIS SURVEY

CLIENT: KNOWLES, W. & J.  
 PROJECT NO. 011/97  
 FILE: BESTWEST  
 SCALE: ONE INCH = 30 FEET  
 MARCH 5, 1997  
 DRAFTED BY TEO  
 SHEET 1 OF 1  
 REVISED: SEPTEMBER 20, 2004

REVISION	DATE

**NELSON  
SURVEYING  
INC.**  
 SURVEYING NORTHERN WISCONSIN SINCE 1954

101 WEST MAIN STREET  
 FIRST FLOOR  
 ASHLAND, WI 54806  
 (715) 682-2692

SENT BY ZONING